

APPLICATION FOR AWARD OF POST RESERVE OFFICER CERTIFICATE			State of California COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 1601 Alhambra Boulevard Sacramento, California 95816-7083			Department of Justice FOR POST USE ONLY APPLICATION NUMBER		
1. NAME (Last First Middle)			2. DATE OF BIRTH		3. SEX	4. RACE		5. SOCIAL SECURITY #
6. NAME OF LAW ENFORCEMENT AGENCY WHERE PRESENTLY SERVING AS A RESERVE OFFICER AS DESCRIBED IN PENAL CODE SECTION 832.6(a)(1), (2) OR (3)						7. DATE APPOINTED AS A RESERVE OFFICER WITH PRESENT AGENCY		
8. PRESENT RANK OR TITLE						9. ARE YOU SWORN AND HAVE PEACE OFFICER POWERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
10. LIST OF NAMES OF LAW ENFORCEMENT AGENCIES WHERE YOU HAVE PREVIOUSLY SERVED AS A RESERVE OFFICER				11. RANK/TITLE		12. DATE		
						FROM TO		
13. BASIC TRAINING SCHOOL ATTENDED				14. COURSE LENGTH – HOURS		15. DATE STARTED		16. DATE ENDED
ALL TRAINING MUST BE SUPPORTED BY <i>Copies of Transcripts, Diplomas, Certificates and other verifying documents attached to this application.</i> DO NOT SEND ORIGINAL DOCUMENTS. SEND REPRODUCED COPIES, AS THESE ITEMS WILL NOT BE RETURNED. <i>I attest that I have read and subscribe to the Law Enforcement Code of Ethics. I swear under penalty of perjury that all the information contained in this application is true and correct.</i>								
17. SIGNATURE OF APPLICANT						DATE		
<i>I recommend that the certificate be awarded. I attest that the applicant has been appointed as a Reserve Officer and has met the minimum standards set forth in Government Code Sections 1029, 1030 and 1031, and Penal Code Section 832. The applicant, in addition to the 200 hours structured field training required, has completed no less than 200 hours of satisfactory peace officer service while assigned to the prevention and detection of crime and the general enforcement of the criminal laws of this state. In my opinion, the applicant is of good moral character and worthy of the award. My opinion is based upon personal knowledge or inquiry. The personnel records of this jurisdiction substantiate the recommendation.</i>								
18. SIGNATURE OF DEPARTMENT HEAD						DATE		
FOR POST USE ONLY								
NAME OF CERTIFICATE			TRAINING INSTITUTION			CERTIFICATE NUMBER		DATE ISSUED
RESERVE						R-		
APPLICATION EVALUATED BY			EVALUATION REVIEWED BY			EVALUATION APPROVED BY		
COMMENTS								